

Fill in this information to identify the case:Debtor name L. G. Steck Memorial Clinic, P.S.United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTONCase number (if known) 19-43334☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **864,681.75****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **864,681.75****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,225,344.02****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **737,557.38****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **4,738,580.41****4. Total liabilities**
Lines 2 + 3a + 3b\$ **6,701,481.81**

Fill in this information to identify the case:Debtor name **L. G. Steck Memorial Clinic, P.S.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**Case number (if known) **19-43334**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest**

2.	Cash on hand	\$300.00
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2.	Cash on hand	\$14,168.00
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3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Security State Bank

General Checking Account

8770

\$0.00

3.2. Security State Bank

Payroll Account

7070

\$0.00

4. Other cash equivalents (Identify all)**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$14,468.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

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7.1. Advanced Fee Deposit held by Bush Kornfeld LLP \$2,747.50

7.2. City of Chehalis \$25.00

7.3. City of Centralia \$2,800.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

\$5,572.50

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 497,089.80 - 0.00 = \$497,089.80
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 190,683.07 - 0.00 = \$190,683.07
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

\$687,772.87

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description

**Date of the last
physical inventory**

**Net book value of
debtor's interest
(Where available)**

**Valuation method used
for current value**

**Current value of
debtor's interest**

19. **Raw materials**

20. **Work in progress**

21. **Finished goods, including goods held for resale**

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22. **Other inventory or supplies**
Medical Supplies \$75,213.00 **Recent cost** \$75,213.00

23. **Total of Part 5.** \$75,213.00
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**
☒ No
☐ Yes. Book value Valuation method Current Value

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture See attached list	Unknown		\$35,900.00

40. **Office fixtures**

41. Office equipment, including all computer equipment and communication systems equipment and software 24 desktop, 49 monitors, leased phone system 12 laptops	Unknown	Comparable sale	\$5,435.00
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42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \$41,335.00
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
☒ No
☐ Yes

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45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) GI Chair, 2 EKG Machines, ultra sound machine, 18 exam tables, 2 IV poles, 6 digital scales, 1 infant scales, treadmill; 5 metal carts	Unknown		\$15,080.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$15,080.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			

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<u>steckmedical.com</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$0.00</u>
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62. <u>Licenses, franchises, and royalties</u> <u>Rural Health Clinic Certification</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$0.00</u>
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63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. Interests in insurance policies or annuities New York Life. Life Insurance Policy for Dr. Harley Miller. Policy #xxx7188. Death Benefit level of \$300,000. Cash Value of \$31,345.65 as of 10/12/2019. Cash Surrender Value of \$24,148.80 as of 10/12/2019. Cash Surrender Value used.	<u>\$24,148.80</u>
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Midland National Life. Life Insurance Policy for Dr. Harley Miller w/ death benefit of \$100,000. Policy #xxxx6904. Ending account value of \$4,731.58 as of 11/01/2017. Ending net cash surrender value of \$1,091.58 as of 11/1/2017. Ending net cash surrender value used.	<u>\$1,091.58</u>
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74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Potential claims against Athenahealth for inadequate billing services
Nature of claim _____
Amount requested \$0.00 Unknown

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$25,240.38

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$14,468.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$5,572.50</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$687,772.87</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$75,213.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$41,335.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$15,080.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$25,240.38</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$864,681.75</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$864,681.75</u>

Fill in this information to identify the case:Debtor name **L. G. Steck Memorial Clinic, P.S.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**Case number (if known) **19-43334**☒ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operati PO Box 7346 Philadelphia, PA 19101-7346	\$320,162.38	\$320,162.38
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2	Priority creditor's name and mailing address WA Dept of L&I Collections POB 44171 Olympia, WA 98504	\$66,460.31	\$66,460.31
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number 307,3200		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

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2.3	Priority creditor's name and mailing address WA Dept of Revenue POB 47476 Olympia, WA 98504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$36,055.15	\$36,055.15
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address WA State Employment Security PO Box 34949 Seattle, WA 98124-1949	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$314,879.54	\$314,879.54
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number 5214		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Accent PO Box 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$808.20

3.2	Nonpriority creditor's name and mailing address Aetna Health, Inc. POB 415615 Boston, MA 02241-5615 Date(s) debt was incurred ____ Last 4 digits of account number 1EBS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Health Insurance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198,839.52
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3.3	Nonpriority creditor's name and mailing address AFLAC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.40
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3.4	Nonpriority creditor's name and mailing address Airgas USA LLC PO Box 102289 Pasadena, CA 91189-2289 Date(s) debt was incurred ____ Last 4 digits of account number 2116	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,841.96
3.5	Nonpriority creditor's name and mailing address Alarm Center dba Custom Security System Dept LA 21655 Pasadena, CA 91185-1655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,674.14
3.6	Nonpriority creditor's name and mailing address Alarm Center /SBD dba Customer Security Systems POB 3407 Lacey, WA 98509-3407 Date(s) debt was incurred ____ Last 4 digits of account number 5098	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,175.48
3.7	Nonpriority creditor's name and mailing address American Academy of Family Phy PO Box 419662 Kansas City, MO 64141-6662 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
3.8	Nonpriority creditor's name and mailing address American Postal Workers Union Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.12
3.9	Nonpriority creditor's name and mailing address Amerisafe Inc. 3006 29th Ave SW Olympia, WA 98512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.91
3.10	Nonpriority creditor's name and mailing address Antman Pest Control 1121 Harrison Ave PMB 138 Centralia, WA 98531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.72

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3.11	Nonpriority creditor's name and mailing address Athenahealth, Inc PO Box 415615 Boston, MA 02241-5615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,350.67
3.12	Nonpriority creditor's name and mailing address Aya Healthcare Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
3.13	Nonpriority creditor's name and mailing address Bean Gentry Wheeler Peternell 910 Lakeridge Way SW Olympia, WA 98502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,487.19
3.14	Nonpriority creditor's name and mailing address Business Health Trust PO Box 6 Mukilteo, WA 98275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,051.68
3.15	Nonpriority creditor's name and mailing address Cahaba GBA PO Box 11465 Birmingham, AL 35202-6724 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,701.96
3.16	Nonpriority creditor's name and mailing address Cement Masons & Plasterers Tru Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.24
3.17	Nonpriority creditor's name and mailing address Cenex/CHS, Inc 153 NW State Ave Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238.00

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3.18	Nonpriority creditor's name and mailing address Charles Strub Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,460.16
3.19	Nonpriority creditor's name and mailing address Cigna 1000 Great West Drive Kennett, MO 63857-3749 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$419.51
3.20	Nonpriority creditor's name and mailing address Cintas POB 650838 Dallas, TX 75265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,097.70
3.21	Nonpriority creditor's name and mailing address City of Centralia Utility Billing POB 1259 Centralia, WA 98531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$708.03
3.22	Nonpriority creditor's name and mailing address City of Chehalis 2007 NE Kresky Ave Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.34
3.23	Nonpriority creditor's name and mailing address City of Chehalis 2007 NE KResky Ave Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number <u>6000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.59
3.24	Nonpriority creditor's name and mailing address City Sanitary POB 51006 Los Angeles, CA 90051-5306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.11

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3.25	Nonpriority creditor's name and mailing address CMI, Inc Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.32
3.26	Nonpriority creditor's name and mailing address CMX Medical Imaging PO Box 58088 Seattle, WA 98138-1088 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,047.45
3.27	Nonpriority creditor's name and mailing address Colvin + Hallett 719 2nd Ave. Ste 1450 Seattle, WA 98104 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Legal Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,749.70
3.28	Nonpriority creditor's name and mailing address Confluence Health PO Box 810 Wenatchee, WA 98807-0810 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.94
3.29	Nonpriority creditor's name and mailing address Control Solutions, Inc. 35851 Industrial Way Ste D Saint Helens, OR 97051 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.63
3.30	Nonpriority creditor's name and mailing address Craft 3 42 7th St. Ste 100 Astoria, OR 97103 Date(s) debt was incurred 05-09-2011 Last 4 digits of account number 4640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,690.79
3.31	Nonpriority creditor's name and mailing address Delta Dental of WA PO Box 84885 Seattle, WA 98124-6185 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,818.45

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3.32	Nonpriority creditor's name and mailing address Deluxe POB 742572 Cincinnati, OH 45274-2572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$204.08
3.33	Nonpriority creditor's name and mailing address Dept of Ecology State of Washington PO Box 34050 Seattle, WA 98124-1050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
3.34	Nonpriority creditor's name and mailing address Deseret Mutual PO Box 45530 Salt Lake City, UT 84145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.35	Nonpriority creditor's name and mailing address Dex Media PO Box 79167 Phoenix, AZ 85062-9167 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.67
3.36	Nonpriority creditor's name and mailing address DJ's Plumbing, LLC 2619 Foron Road Centralia, WA 98531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.20
3.37	Nonpriority creditor's name and mailing address Drug Enforcement Administratio ATTN: Registration Section/ODR PO Box 2639 Springfield, VA 22152-2639 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.38	Nonpriority creditor's name and mailing address Drug Free Business 18912 North Creek Pkwy Suite 202 Bothell, WA 98011-5769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.00

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3.39	Nonpriority creditor's name and mailing address DSHS Office of Financial Recov POB 9501 Olympia, WA 98507 Date(s) debt was incurred ____ Last 4 digits of account number 1725	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,478.90
3.40	Nonpriority creditor's name and mailing address DSS Research 4150 International Pl. #900 Fort Worth, TX 76109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.41	Nonpriority creditor's name and mailing address Empire Office Equip 612 8300 28th Court NE Suite 100 Olympia, WA 98516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,213.67
3.42	Nonpriority creditor's name and mailing address eRep Inc 17116 NE Sandy Blvd Portland, OR 97230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88,083.41
3.43	Nonpriority creditor's name and mailing address Eric Owen - V 282 Russell Rd Winlock, WA 98596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,785.70
3.44	Nonpriority creditor's name and mailing address ESCO Pacific Signs 627 NW Middle Street Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.92
3.45	Nonpriority creditor's name and mailing address Eucon Health Plan PO Box 7186 Boise, ID 83707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.67

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3.46	Nonpriority creditor's name and mailing address FedEx Revenue Recovery Dept POB 94515 Palatine, IL 60094-4515 Date(s) debt was incurred ____ Last 4 digits of account number <u>9660</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.51
3.47	Nonpriority creditor's name and mailing address First Bankcard POBG 3331 Omaha, NE 68103-0331 Date(s) debt was incurred ____ Last 4 digits of account number <u>2658</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,914.90
3.48	Nonpriority creditor's name and mailing address Frontline Solutions, LLC 15605 Main St. # Sumner, WA 98390 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.49	Nonpriority creditor's name and mailing address GB Collects Healthnet OR 145 Bradford Dr. West Berlin, NJ 08091-9269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.11
3.50	Nonpriority creditor's name and mailing address GE Healthcare Financial Servic POB 641419 Pittsburgh, PA 15264-1419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.03
3.51	Nonpriority creditor's name and mailing address Genworth Life and Annuity PO Box 79225 Baltimore, MD 21279-0225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,536.00
3.52	Nonpriority creditor's name and mailing address GlaxcoSmithKline PO Box 740415 Atlanta, GA 30374-0415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,428.80

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3.53	Nonpriority creditor's name and mailing address Graphic Control PO Box 1271 Buffalo, NY 14240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,072.33
3.54	Nonpriority creditor's name and mailing address Group Health PO Box 34585 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.35
3.55	Nonpriority creditor's name and mailing address Hacker & Willig, Inc. PS 520 Pike Street Suite 2500 Seattle, WA 98101-1385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,370.10
3.56	Nonpriority creditor's name and mailing address Harley Miller, MD 161 Roberts Dr Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700,000.00
3.57	Nonpriority creditor's name and mailing address Hawks Prairie Professional Ctr 4405 7th Avenue SE Suite 301 Lacey, WA 98503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,907.31
3.58	Nonpriority creditor's name and mailing address Healthcare Management Admin PO Box 85016 Bellevue, WA 98015-5016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.27
3.59	Nonpriority creditor's name and mailing address Healthfinch, Inc 8517 Excelsior Dr. Ste 403 Madison, WI 53717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00

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3.60	Nonpriority creditor's name and mailing address Healthnet Of AZ Claims Refund PO Box 749801 Los Angeles, CA 90074-9801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.14
3.61	Nonpriority creditor's name and mailing address Heritage Financial Services, I PO Box 5611 Lacey, WA 98509-5611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,259.86
3.62	Nonpriority creditor's name and mailing address Information Development PO Box 62 Adna, WA 98522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,097.61
3.63	Nonpriority creditor's name and mailing address Inland Imaging PS 801 S Stevens St Spokane, WA 99204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,293.26
3.64	Nonpriority creditor's name and mailing address Intalere/Amerinet 500 Commonwealth Drive Warrendale, PA 15086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,105.80
3.65	Nonpriority creditor's name and mailing address Interpath Laboratory 2460 SW Perkins Avenue Pendleton, OR 97801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,560.01
3.66	Nonpriority creditor's name and mailing address IPFS Corporation PO Box 100391 Pasadena, CA 91189-0391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,557.19

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3.67	Nonpriority creditor's name and mailing address Jody Fadness 103 Newaukum Golf Dr Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,967.27
3.68	Nonpriority creditor's name and mailing address Joseph A McIntosh PS 719 Second Ave Suite 1450 Seattle, WA 98104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,382.13
3.69	Nonpriority creditor's name and mailing address Kaiser Foundation Health Plan PO Box 745899 Los Angeles, CA 90074-5899 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,061.01
3.70	Nonpriority creditor's name and mailing address Kibble & Prentice, a USI Co PO Box 62949 Virginia Beach, VA 23466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,147.28
3.71	Nonpriority creditor's name and mailing address Knutson Trolson & Fargher 3819 100th St SW, Ste 5A Lakewood, WA 98499-4488 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accounting Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,073.02
3.72	Nonpriority creditor's name and mailing address LabCorp POB 12140 Burlington, NC 27216-2140 Date(s) debt was incurred ____ Last 4 digits of account number 8985	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.50
3.73	Nonpriority creditor's name and mailing address Lafromboise Communications 321 N Pearl St Centralia, WA 98531 Date(s) debt was incurred ____ Last 4 digits of account number 1636	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.90

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3.74	Nonpriority creditor's name and mailing address Landauer, Inc PO Box 809051 Chicago, IL 60680-9051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.90
3.75	Nonpriority creditor's name and mailing address LECO Supply 1970 S. Market Blvd Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,432.38
3.76	Nonpriority creditor's name and mailing address Lemay - Lewis County Refuse POB 51006 Los Angeles, CA 90051-5306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$383.08
3.77	Nonpriority creditor's name and mailing address Lewis County Auditor POB 29 Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.00
3.78	Nonpriority creditor's name and mailing address Lewis County PUD EBMS Claims Dept POB 21367 Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.42
3.79	Nonpriority creditor's name and mailing address Lewis County Treasurer Attn: Laura PO Box 509 Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number 0010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,624.42
3.80	Nonpriority creditor's name and mailing address Lewis County Treasurer POB 509 Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number 3008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772.17

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3.81	Nonpriority creditor's name and mailing address Littlefield, Fanning, & Co 1411 State Ave NE Suite 200 Olympia, WA 98506-4456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.58
3.82	Nonpriority creditor's name and mailing address Mail Finance Dept 3682 PO Box 123682 Dallas, TX 75312-3682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,294.58
3.83	Nonpriority creditor's name and mailing address Mail Handlers Benefit Plan Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.23
3.84	Nonpriority creditor's name and mailing address Marlene Black 1535 Colonial Ct SW Olympia, WA 98512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,495.96
3.85	Nonpriority creditor's name and mailing address McKesson Medical-Surgical 9954 Mayland Dr. Ste 4000 Henrico, VA 23233 Date(s) debt was incurred ____ Last 4 digits of account number 0573	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,217.14
3.86	Nonpriority creditor's name and mailing address MD Commerce POB 11009 Olympia, WA 98508-1009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.00
3.87	Nonpriority creditor's name and mailing address Medical Building Partnership 1299 Bishop Rd Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid rent to affiliate Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,568,153.14

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3.88	Nonpriority creditor's name and mailing address Medtronic Diabetes Group 18000 Devonshire St. Northridge, CA 91325-1219 Date(s) debt was incurred ____ Last 4 digits of account number 2035	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,419.38
3.89	Nonpriority creditor's name and mailing address Meridian Resource Co Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.79
3.90	Nonpriority creditor's name and mailing address Meritain Health Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.67
3.91	Nonpriority creditor's name and mailing address Micheal Eickerman Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,385.26
3.92	Nonpriority creditor's name and mailing address MODA Health 601 SW 2nd Ave Portland, OR 97204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.94
3.93	Nonpriority creditor's name and mailing address Mohawk Industries 223 Downie Rd Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
3.94	Nonpriority creditor's name and mailing address Mony 1 Park Place 300 S State St, Suite 250 Syracuse, NY 13202-2041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,238.20

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3.95	Nonpriority creditor's name and mailing address Moss-Adams LLP PO Box 101822 Pasadena, CA 91189-1822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.65
3.96	Nonpriority creditor's name and mailing address Mutual of Omaha Claims Department Mutual of Omaha Plaza Omaha, NE 68175 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.66
3.97	Nonpriority creditor's name and mailing address NAI Puget Sound Properties David B. Douglas 600 108th Avenue NE Suite 340 Bellevue, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
3.98	Nonpriority creditor's name and mailing address NEA Alaska Health Plan EBMS-c/o Public Ed Health PO Box 21367 Billings, MT 59104-1367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.35
3.99	Nonpriority creditor's name and mailing address Neopost Northwest Dept 3689 PO Box 123689 Dallas, TX 75312-3689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,159.06
3.100	Nonpriority creditor's name and mailing address NESG POB 39617 Lakewood, WA 98496 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.68
3.101	Nonpriority creditor's name and mailing address Norcal Mutual PO Box 398054 San Francisco, CA 94139-8054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,557.00

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3.102	Nonpriority creditor's name and mailing address Noridian Medicare JF Part B PO Box 511359 Los Angeles, CA 90051-7914 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,616.52
3.103	Nonpriority creditor's name and mailing address Northwest Ironworkers Health Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.59
3.104	Nonpriority creditor's name and mailing address Olympus POB 120600 Dept 0600 Dallas, TX 75312-0600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$591.63
3.105	Nonpriority creditor's name and mailing address Operating Engineers Local 302 PO Box 34684 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.20
3.106	Nonpriority creditor's name and mailing address Pacific Medical Inc. POB 149 Tracy, CA 95378 Date(s) debt was incurred ____ Last 4 digits of account number <u>6712</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.00
3.107	Nonpriority creditor's name and mailing address PacLab 5426 PO Box 2720 Spokane, WA 99220-4002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,900.83
3.108	Nonpriority creditor's name and mailing address Palmetto GBA LLC Medicare Finance M/C AG-260 _B 100277 Columbia, SC 29202-3277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.60

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3.109	Nonpriority creditor's name and mailing address PAML 611 N Iron Bridge Way Spokane, WA 98202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$594.30
3.110	Nonpriority creditor's name and mailing address PEMCO POB 778 Seattle, WA 98111-0778 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.14
3.111	Nonpriority creditor's name and mailing address PNC Aetna POB 804735 Itasca, IL 60143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92,036.56
3.112	Nonpriority creditor's name and mailing address Premiera Blue Cross Finance Dept PO Box 327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$811.00
3.113	Nonpriority creditor's name and mailing address Premier Broadcasters, Inc. 1133 Kresky Rd Centralia, WA 98531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.114	Nonpriority creditor's name and mailing address Principal Life Insurance POB 10372 Des Moines, IA 50306-0372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.34
3.115	Nonpriority creditor's name and mailing address Providence Health Plan Overpayment Recovery Dept POB 6456 Portland, OR 97228-6456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$609.72

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3.116	Nonpriority creditor's name and mailing address Psychemedics Corporation 289 Great Rd Ste 200 Acton, MA 01720 Date(s) debt was incurred ____ Last 4 digits of account number <u>8572</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$60.50</u>
3.117	Nonpriority creditor's name and mailing address Puget Sound Properties 1201 Pacific Ave Suite 1703 Tacoma, WA 98402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,800.00</u>
3.118	Nonpriority creditor's name and mailing address Quality Systems Inc Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$51,305.92</u>
3.119	Nonpriority creditor's name and mailing address Quest Diagnostics POB 912400 Pasadena, CA 91110-2400 Date(s) debt was incurred ____ Last 4 digits of account number <u>2401</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$211.40</u>
3.120	Nonpriority creditor's name and mailing address Rachel Miller 2114 Main St. 100-261 Vancouver, WA 98660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,000.00</u>
3.121	Nonpriority creditor's name and mailing address Rainier Connect PO Box 34540 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number <u>2891</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone/Internet service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$24,368.52</u>
3.122	Nonpriority creditor's name and mailing address Ramirez Reforestation POB 1412 Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$154.00</u>

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3.123	Nonpriority creditor's name and mailing address Recall Secure Destruction Serv 015311 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,292.94
3.124	Nonpriority creditor's name and mailing address Regence Blue Shield Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.84
3.125	Nonpriority creditor's name and mailing address Scientific Supply & Eqpt Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,134.63
3.126	Nonpriority creditor's name and mailing address Sedgwick CMS PO Box 14518 Lexington, KY 40512-4518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127	Nonpriority creditor's name and mailing address Shred-It 23166 Network Place Chicago, IL 60673-1252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,016.68
3.128	Nonpriority creditor's name and mailing address Skyline Pump & Machine POB 780 Napavine, WA 98565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,423.57
3.129	Nonpriority creditor's name and mailing address Sound Health & Wellness Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.03

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3.130	Nonpriority creditor's name and mailing address SPOK, Inc. POB 941565 Plano, TX 75094 Date(s) debt was incurred ____ Last 4 digits of account number 0283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$262.64
3.131	Nonpriority creditor's name and mailing address Stericycle PO Box 6578 Carol Stream, IL 60197-6578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.45
3.132	Nonpriority creditor's name and mailing address Sterling Nat'l Bank/Element 655 Business Ceter Drive Suite 250 Horsham, PA 19044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,665.08
3.133	Nonpriority creditor's name and mailing address Sterling National Bank 4-005 500 7th Ave 3rd Floor New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,834.80
3.134	Nonpriority creditor's name and mailing address Tara Miller 2916 Misty Mounty Road Eagle River, AK 99577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.135	Nonpriority creditor's name and mailing address Toledo Tel 183 Plomondon Rd Toledo, WA 98591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,467.00
3.136	Nonpriority creditor's name and mailing address Toshiba American 1981 9218 Roosevelt Way NE Seattle, WA 98115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,941.46

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3.137	Nonpriority creditor's name and mailing address TotalFunds by Hasler PO Box 6813 Carol Stream, IL 60197-6813 Date(s) debt was incurred ____ Last 4 digits of account number 1189	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,262.34
3.138	Nonpriority creditor's name and mailing address Travelers Insurance PO Box 660317 Dallas, TX 75266-0317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,789.89
3.139	Nonpriority creditor's name and mailing address Travis Stovall LLC 773 NW 13th St. STe 416 Gresham, OR 97030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.140	Nonpriority creditor's name and mailing address Tribal First Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.85
3.141	Nonpriority creditor's name and mailing address TriCare POB 7889 Madison, WI 53707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.95
3.142	Nonpriority creditor's name and mailing address UMTA Trust Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.92
3.143	Nonpriority creditor's name and mailing address United Healthcare Medicare Sol Johnson & Rountree Premium PO Box 301599 Dallas, TX 75303-1599 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.02

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3.144	Nonpriority creditor's name and mailing address Unum Life PO Box 406990 Atlanta, GA 30384-6990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,560.74
3.145	Nonpriority creditor's name and mailing address USI Insurance Services NW PO BOX 62949 Virginia Beach, VA 23466 Date(s) debt was incurred <u>6/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Coverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,830.00
3.146	Nonpriority creditor's name and mailing address Vander Stoep, Remund, Blinks POB 867 Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,496.00
3.147	Nonpriority creditor's name and mailing address Washington Dept of Ecology POIB34050 Seattle, WA 98124-1050 Date(s) debt was incurred ____ Last 4 digits of account number <u>5214</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.148	Nonpriority creditor's name and mailing address Washington Teamsters 2323 Eastlake Ave E Seattle, WA 98102-3305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.60
3.149	Nonpriority creditor's name and mailing address Washington Tractor Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.150	Nonpriority creditor's name and mailing address William Williard MD 59 Awaiku St Lahaina, HI 96761 Date(s) debt was incurred <u>3/1/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162,710.00

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3.151 Nonpriority creditor's name and mailing address
Woodland Estates Retirement Ct

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$1,320.55

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.152 Nonpriority creditor's name and mailing address
WOW Technologies, Inc.
12201 Tukwila Int Blvd
Suite 100
Seattle, WA 98168

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$653.20

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AEtna 151 Farmington Ave Hartford, CT 06156	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Airgas PO Box 102289 Pasadena, CA 91189-2289	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Airgas USA, LLC POB 93500 Long Beach, CA 90809-3500	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Cigna Health Care Attn: Cor Team PO Box 188012 Chattanooga, TN 37422	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Cintas Corporation #0461 631 Valley Ave NW Puyallup, WA 98371	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Department of Labor & Industri 711 Vine St Kelso, WA 98626-2650	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	GB Collects 1253 Haddonfield Berlin Rd Voorhees, NJ 08043-4847	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	<u>8751</u>
4.8	Internal Revenue Service ATtn: Shane A Dura 1201 Pacific Ave #550 MS W802 Tacoma, WA 98402	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor L. G. Steck Memorial Clinic, P.S.

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	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.9	Medtronic 13015 Collection Center Dr. Chicago, IL 60693	Line <u>3.88</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	North Shore Agency 270 Spagnoli Rd STe 110 Melville, NY 11747	Line <u>3.46</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Quest Diagnostics PO Box 7470709 Atlanta, GA 30374-0709	Line <u>3.119</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Quest Diagnostics, Inc PO Box 5001 Collegeville, PA 19426-0901	Line <u>3.119</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	R. Alan Swanson Swanson Law Firm 914 7th Ave SE Olympia, WA 98501	Line <u>3.57</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	Rainier Conenct POB 34540 Seattle, WA 98124-1540	Line <u>3.121</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	SPOK, Inc. 3000 Technology Way Ste 400 Plano, TX 75074	Line <u>3.130</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	TekCollect POB 1269 Columbus, OH 43216	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	US Attorney Attn Bankruptcy Asst 700 Stewart St Rm 5220 Seattle, WA 98101	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	US Attorney General US Dept of Justice 950 Pennsylvania Ave NW Washington, DC 20530	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	WA Atty General Bankruptcy & Collection Unit 800 Fifth Ave #2000 Seattle, WA 98104	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	WA Atty General Bankruptcy & Collection Unit 800 Fifth Ave #2000 Seattle, WA 98104	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21	WA Atty General Bankruptcy & Collection Unit 800 Fifth Ave #2000 Seattle, WA 98104	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor <u>L. G. Steck Memorial Clinic, P.S.</u> <small>Name</small>	Case number (if known) <u>19-43334</u>
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Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.22 WA Dept of Revenue POB 111180 Tacoma, WA 98411	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23 WA Empl Security Dept UI Tax Admin POB 9046 Olympia, WA 98507	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24 William Hillier Hillier Scheibmeir & Kelley PS 299 NW Center St Chehalis, WA 98532	Line <u>3.75</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>737,557.38</u>
5b. +	\$ <u>4,738,580.41</u>
5c.	\$ <u>5,476,137.79</u>

Fill in this information to identify the case:Debtor name **L. G. Steck Memorial Clinic, P.S.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**Case number (if known) **19-43334**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Master Services Agreement. Executed on or about 9/24/13. One year term which renews automatically if not terminated.

State the term remaining

List the contract number of any government contract

**ATHENAHEALTH, INC.
311 Arsenal Steet
Watertown, MA 02472**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Savin Copiers

State the term remaining

48 months

List the contract number of any government contract

**Heritage Financial Services
POB 5611
Lacey, WA 98509**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Mailing Machine

State the term remaining

List the contract number of any government contract

**Mail Finance
478 Wheelers Farms Rd
Milford, CT 06461**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Lease for offices as
1299 Bishop Rd.**

State the term remaining

List the contract number of any government contract

**Medical Building Partnership
1299 Bishop Rd
Chehalis, WA 98532**

Debtor 1 **L. G. Steck Memorial Clinic, P.S.**
First Name Middle Name Last Name

Case number (if known) **19-43334**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease